Discussing Serious News Remotely: Navigating Difficult Conversations During a Pandemic

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abstract

The 2020 severe acute respiratory syndrome coronavirus 2 pandemic has led to an increasing number of telemedicine clinician-patient encounters through telephone or videoconference. This provides a particular challenge in cancer care, where discussions frequently pertain to serious topics and are preferably performed in person. In this review, we use the SPIKES (Setting, Perception, Invitation, Knowledge, Empathy/Emotion, and Strategy/Summarize) protocol as a framework for how to approach the discussion of serious news through telemedicine. We discuss the practical and technical aspects of preparation for a remote conversation and review some differences, limitations, and advantages of these discussions. The greatest challenge with the medium is the loss of the ability to read and display nonverbal cues. Vigilant attention to proven communication strategies and solicitation of patient involvement with the discussion can allow the care provider to display empathy at a distance. Having serious discussions through telemedicine is likely unavoidable for many providers in this unprecedented time. This summary provides some strategies to help to maintain the high standard of care that we all seek for our patients who are receiving serious news.

JCO Oncol Pract 16. © 2020 by American Society of Clinical Oncology

INTRODUCTION

The 2020 severe acute respiratory syndrome coronavirus 2 (COVID-19) pandemic has altered the way clinicians and patients interact in oncology.[1] The desire to limit the spread of COVID-19 through the community, using social distancing procedures, and the fear of potentially worse outcomes in patients with cancer who become infected have led to a significant shift to telemedicine, using video or audio capabilities depending on what is feasible for both providers and patients.[2] This shift from in-person appointments to telemedicine appointments can lead to alterations from normal practice that can be challenging.

Discussion of serious news is a competency that clinicians who care for patients with cancer exercise frequently and often routinely. If serious news is communicated without proper considerations, it may affect the patient's emotional state greater than otherwise, their understanding of their disease, and their satisfaction with the medical system/medical provider.[3]

In many medical training programs, the Setting, Perception, Invitation, Knowledge, Empathy/Emotion, and Strategy/Summarize (SPIKES) protocol is used as a framework to learn how to discuss serious news.[3] The SPIKES protocol was developed and promoted as a method of breaking down the complex task of discussing serious news into smaller steps to standardize and improve the quality of communication.[4] As experienced telemedicine users, we offer some suggestions on the basis of our experience (and some of our mistakes) in adapting the SPIKES protocol using telemedicine when discussing serious news (Table 1).

SETTING, SETUP

In the original SPIKES protocol, there is emphasis on providing the proper setting for disclosing/having discussions with regard to serious news.[4] Other than preparing for the conversation, other aspects of setting include arranging for privacy, involving significant others, minimizing distractions through turning pagers to silent, informing the patient of any time limits or distractions, sitting down (to signify the lack of rushing), and maintaining eye contact and perhaps holding the patient's hand or touching their shoulder, if appropriate.[3-5] The setting is the most obvious difference when using telemedicine to disclose serious news.

Author affiliations and support information (if applicable) appear at the end of this article.

Accepted on April 24, 2020 and published at ascopubs.org/journal/op on May 18, 2020: DOI https://doi.org/10.1200/OP.20.00269

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TABLE 1. Selected Considerations for Approaching Serious Discussions Remotely With Example Phrases

SPIKES Protocol	Telehealth Considerations	Examples
Setup		
Before meeting	At the time of ordering a diagnostic test, request permission to discuss the results with a patient, regardless of the test result.	"We expect to have the results of your biopsy in 2 weeks. Is it okay if we call you by telephone/videoconference to discuss the results at that time?"
At the meeting	Similar to silencing pagers and cell phones, mute/defer notifications on your computer and arrange so that you are not intruded upon during the appointment. During the introduction, describe your setting and members present. If on video, describe what you see and inquire about whom may be present or listening to the discussion.	"Hello, I am Dr X. I am calling from my office to discuss the results of your biopsy. I see that you are in your living room and sitting down. Can you see/hear me clearly? Do you have time to discuss your test results now? Who is there with you? Is there anybody else present and able to hear our discussion?"
	Privacy is important to patients. Explicitly state that information shared is confidential. Inquire regarding whether the discussion is being recorded.	"I am sitting down, my office door is closed, and I have the volume set so that our conversation will not be overheard. We are using a secure connection that is not being recorded on our end. Please let me know if you are recording anything."
Perception, invitation, knowledge	Disciplined use of communication skills, such as signposting or teach-back, can help to overcome the shortcomings of remote conversations. Anticipate delayed audio transmission by using short sentences and allowing longer-than-usual pauses after statements to give time for patients to ask questions. If videoconferencing, have the camera at eye level or slightly above. Have a simple backdrop behind you to minimize distractions.	"I am going to tell you the results of your biopsy/the treatment options for your cancer. I will be asking you questions often to ensure that you can hear me clearly and understand what I am saying. Please let me know if you have any questions at any time."
Empathy	With telemedicine, displaying empathy can be difficult, but not impossible. Sometimes a prolonged silence can take the place of offering a tissue or an understanding touch that would be used in real life.	"I understand that this is difficult news to hear, especially over the phone/by video." "I can hear that you are upset. Please share your thoughts with me."
Summary	Plan for follow-up by addressing the setting where the next meeting would be. Deliver handouts through mail or electronic transfer.	"Do you have any further questions? I will schedule a follow-up telephone/videoconference/in-person meeting in 2 weeks. I would like to share some handouts with you. Do you have any objections with us sending this to your e-mail address?"

Abbreviation: SPIKES, Setting, Perception, Invitation, Knowledge, Empathy/Emotion, and Strategy/Summarize.

Preparation

Before the interview. If bad news is a possible outcome of testing (ie, restaging tests, biopsy results), then when feasible, the preparation begins before the test being done.[6] Ask the patient, when you are agnostic of the results of the test, whether they would be comfortable with receiving bad news by telephone or videoconference as opposed to an in-person visit. If the patient says, "No, I'd prefer to be in person," then historically, we have booked an in-person appointment to discuss test results, regardless of the outcome. This avoids the awkward scenario of the patient not knowing the test results and becoming anxious because the appointment was changed from a video appointment to an in-person appointment.

We prefer using videoconferencing for discussing serious news. The ability to see each another can allow the clinician to identify nonverbal cues that may aid in directing the conversation. We understand that some patients may not be familiar with this technology or not have the necessary components (microphone, webcam, high-speed Internet) to use this. Ultimately, we would select the mode of communication that the patient is most comfortable with using.

Technical setup. When preparing for a videoconference, ensure that the equipment (audio, microphone, camera) are working in advance. Orient the camera at eye-level or slightly above to prevent the visual illusion of looking down at the patient. It is important to look into the camera as much as possible to give the illusion of making eye contact. If possible, orient the application window such that it is centered and close to the camera, which allows you to have both the camera and the video within your field of view.[7,8]

If the patient encounter would typically include other care providers, such as nursing or social work, it may be beneficial to perform the telemedicine appointment within the clinic. The ability to bring these other providers into the meeting in real time can provide an element of normalcy that may help to build patient trust/comfort.

Privacy

Privacy when using telemedicine involves three aspects: the patient, the platform, and the provider. In addition to general

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statements about the secureness/privacy of the platform, it is important to establish the setting of the patient and provider. On a video call, it is good practice to explain the setting that you are in and who is present/listening to the call, even if off video screen. Ask the patient to describe where they are and whether they have privacy as well as to confirm that they have time to talk. An explicit description about the environment that the patient and clinician are both in is required to ensure patient comfort, to maximize the similarity to an in-person appointment, and to maintain professionalism.

While attempts to preschedule calls or video conferences at prespecified exact times or to have an intermediary, such as a secretary, speak to the patient first to ensure that they are in a proper location should lessen the likelihood of these scenarios occurring, it is still very possible that your call/video call will occur when the patient is in a situation inappropriate for the disclosure of serious news. In person, it is easy to avoid having a serious discussion while the patient is in the bathroom, but when using the telephone (or at times, video) an extra, explicit step should be taken to ensure that the patient is in an appropriate setting.

Video may seem somewhat easier to judge who is present and what environment the patient is in but only provides a limited view of the room. Using audio only, it is even more crucial to understand the setting, including the physical setting, the platform setting, and the people present at both ends. Patients may desire to record the discussion, which may not be readily apparent to the clinician. A provider may wish to inquire about this during their introduction. Be mindful that there may be patients who either have people in the vicinity of an audio or video call who they do not want to be present or may be in a situation where discussion may not be ideal.

Involvement of Significant Others

When speaking with patients with cancer, it is often helpful to have additional family members, significant others, or caregivers present.[9] Telemedicine may make this easier because it often occurs in the patients' own home.[10,11] Ask explicitly whether the patient has the people there who they want to have present and whether they wish for some people not to be present. In person, clinicians may be limited by the physical space in the examining room and/or the hospital room. One advantage of telemedicine is that it may allow multiple support persons to be present for the appointment either with the patient or from afar using their own electronic devices.

It is important to remember that when you ask questions to direct them at the appropriate person. In person, this is accomplished by looking directly at the person you are speaking to and using their name. When using telemedicine, it is not always possible to tell who you are looking at, so use their names frequently. When more than two family members are present, it is good practice to have one member designated as the primary question asker.

If multiple members are present from separate locations using different devices (eg, patient and significant other present in one room on video conference and have called their child by cell phone), the quality of the discussion may be impaired. In this situation, it may be preferable to convert to a telephone conference. The benefit of having all stakeholders engaged with the meeting can outweigh the loss of ability to see the patient.

The ability to have loved ones near and at home is at times an advantage of telemedicine over office-based medicine. Patients whose loved ones have mobility issues, or for other reasons cannot make physical appointments, may be an active participant of this type of encounter.[11] Indeed, the ability to have family members present was one of the initial advantages of using telemedicine to have serious discussions for patients who would otherwise travel several hours for an appointment.

Minimizing Distractions

In any encounter, minimizing distractions and interruptions can be difficult. Cell phones, overhead announcements, and pagers can be distracting at the most inopportune times. With telemedicine, distractions can be physical (people not realizing you are on a phone or video call and barging in or knocking) or electronic (glitching systems, incoming calls, notifications, etc). When doing clinical medicine through virtual means, try to minimize physical distractions by using a predictable place where you can put a do-not-disturb sign on the door and decrease electronic distractions through blocking popups or notifications as much as feasibly possible. Most telephones will have a setting that allows you to send incoming calls or notifications directly to voicemail to avoid interruptions. Operating systems have a similar function to temporarily mute or push notifications until after your call. Keep in mind that the patient's environment may have its own distractions, which may not be directly apparent.

If glitching or technical difficulties are limiting communication during the start of the conversation, consider converting to a telephone discussion. The benefit of seeing each other face to face is quickly negated if sentences are being repeated or misinterpreted.

Sitting Down, Physical Touch

The purpose of sitting down and providing physical touch is to signal to the patient that you have the time to speak and listen to them and that you can be reassuring and human. In the telemedicine world, these subtle pieces of nonverbal communication need to be either signaled or verbalized.[12] Informing the patient that you are sitting down and that you have the time to listen and communicate effectively is important.

Audio transmission is delayed with both telephone and videoconferencing. This may be further compounded during a videoconference by desynchronization of the

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audio and video. You should leave pauses after each question that are longer than in an in-person discussion to give time for patients to ask questions and minimize the impression of appearing to be in a rush. Avoidance of long sentences can also help to minimize the need to repeat statements.[13] For example:

Doctor: "Hello, Mr Patient. I'm going to be having a discussion with you about medical issues. Are you in a comfortable place where you can speak to me clearly and free of distractions, or would you like me to wait for a moment while you get ready?"

Patient: "Hold on Doctor, I'll need a moment. Can I put you on hold for one minute." Patient puts the phone on hold while they finish in the bathroom, flush the toilet, and leave to sit at the kitchen table, where the entire family has gathered and his writing materials are.

Doctor (on audio): "Ok, Mr Patient. Can you let me know who is present and listening, where you are, and if I am on speaker phone?"

Doctor (on video): "Ok, Mr Patient, it looks like you are in your kitchen. I can currently see you and the stove. Can you let me know who else is in the room/on the video call?"

Patient (moves tablet around): "There is my wife, Mrs Patient; my two children, Sam and Diane; and oops, there goes Tippy, my dog."

Doctor: "Thank you. Can everybody hear me clearly? I'm in an examination room at the cancer clinic, using the computer. The door is closed, and there are two medical students, Rudy and Carol, here as well. The video is at conversation level, so it will not be heard outside of this room. This call/video is not being monitored or recorded at this end. Please let me know if you are recording anything."

PERCEPTION, INVITATION, AND KNOWLEDGE

Assessment of the patient's perception of their presentation, disease, or treatments is very similar to that of an in-person clinic visit, as are the request for an invitation to share the knowledge and the knowledge itself. This is a complex process, even in an in-person clinic setting. In telemedicine, communication is even more tenuous and difficult and requires disciplined use of best practices. With telemedicine, there is a greater importance of using both signposting and explicit assessment of understanding (ie, summarize, tell-retell).[13]

Although not part of the original SPIKES protocol, signposting is understood as an important strategy before disclosing serious news.[14] Signposting, or forecasting, prepares a patient for the direction that the discussion is headed (ie, "I'm going to tell you about the options/prognosis of your cancer," "I am going to talk to you about treatment options along with their potential benefits or harms").[3] In addition to preparing a patient for the news to come, it can help them to check their list of questions and realize that most will be answered. This can be very helpful in telemedicine, where patients may be less forthcoming with questions.[15]

It is important to frequently check in with a patient to ensure that they understand and have properly heard the information that you are delivering as part of the process of signposting (ie, "I'm going to ask you frequently if you understand and ask you to summarize back to me the information I've given you. You can ask me any time if you would like me to repeat or explain differently, and if you have questions, I'm happy to answer them"). As with in-person encounters, a tell-retell strategy can ensure that you have communicated your thoughts clearly, and with telemedicine, this will ensure that the medium has transmitted your thoughts clearly. A glitchy audio or video may be the difference between "there is treatment we can offer but cannot cure you" and "there is treatment we can give you [glitch] cure you." This is an extreme example, but it illustrates potential risks with digital communication that can be addressed by making a habit of these communication tools.

If a provider wishes to emphasize their discussion using diagrams during a videoconference, it would be beneficial to use bold, contrasting lines. This could be accomplished with a black marker on white paper or a dry erase board. Limitations in resolution will blur fine details. Your videoconference software may allow for sharing images, including patient results, which may be a beneficial means to an end.[8,16]

EMPATHY, EMOTIONS

Empathy can be communicated through telemedicine, and emotions can and should be acknowledged.[17] Of course, the medical professional's familiar crutch of grabbing a facial tissue to offer the patient to display empathy is not possible through telemedicine. It is also true that in-person interactions are much easier to show empathy and to infer the patient's emotions from body language.[18] When using telemedicine, emotions may be inferred from voice changes (ie, voice cracking [sadness], silence [shock], raised voice [anger]), and when using videomedicine, facial cues may also be used.[17]

Just as in the original SPIKES protocol, it is necessary to identify the emotion, explore/clarify the reason behind the emotion, and validate the emotion.[4] This can take some extra care and exploration during a telemedicine encounter but can be done nonetheless. It may be helpful to acknowledge that delivery of this news through video or telephone may be more difficult. If a patient becomes upset, resolution of these emotions may take longer than in an in-person encounter. Although difficult for clinicians, silence may be the best response in a situation like this and may last for a longer period than we are typically used to.[13]

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SETTING A PLAN, SETTING NEXT STEPS

As with an in-person serious discussion, there is a good chance that some of the information you provide will not be retained by the patient.[18] Ask them to record information that would usually be given to the patient (phone numbers, dates of follow-up, etc). Depending on institutional policies, you may be able to provide handouts or summaries through an e-mail or secure electronic transfer service.

SUMMARY

Serious news can be delivered through telemedicine (video or audio) but requires attention to extra details that are taken for granted in a physical encounter. The physical distance and imperfections of technology will hinder certain steps, such as showing empathy and acknowledging emotions.[19] It is, however, possible that clinicians will learn not only to hone these skills and become better at communicating through telemedicine over time but also to use many of these skills to be better at communicating in physical, in-person encounters.

SPIKES is a practical acronym for providing the framework to approach a serious discussion. To a similar end, we suggest WIRE-SPIKES to account for the additional considerations for telemedicine: What technology is preferred (telephone or videoconference); Identify members present and environment of all participants; Repeatedly check in using signposting, teach-back, and summarizing; and Extend time for pauses, questions, and descriptions.

There are many challenges with telemedicine, but there are also potential advantages. Patients with advanced diseases may prefer the convenience of avoiding travel, and wait times may be shorter for telemedicine.[11,14,15] Technological advances allow for improved quality and capability of information transfer, including the potential for the use of visual aids. Although we will continue to prefer to have these vital discussions in person, we believe that they can still be held in a constructive manner with the available resources.

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AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST AND DATA AVAILABILITY STATEMENT

Disclosures provided by the authors and data availability statement (if applicable) are available with this article at DOI https://doi.org/10.1200/OP.20.00269.

AUTHOR CONTRIBUTIONS

Conception and design: Andrew G. Robinson
Collection and assembly of data: All authors
Manuscript writing: All authors
Final approval of manuscript: All authors
Accountable for all aspects of the work: All authors

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Andrew G. Robinson
Honoraria: Merck
Consulting or Advisory Role: AstraZeneca, Merck
Research Funding: AstraZeneca (Inst), Merck (Inst), Bristol-Myers Squibb (Inst), Roche Canada (Inst)

No other potential conflicts of interest were reported.

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